

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Michael Andrews

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

(FDNY ems) Kevin Rico

**COMPLAINT**

(NYPD) officer Evans

~~Do you want a jury trial?~~

Yes  No

NYC Health Hospitals queens

bellevue medical center the city of new york

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.



**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

- ① Illegally detain me By NyPD
- ② FAny illegally looking in to my medical Records
- ③ New york City hospital illegally holding me for 24 hours

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of  
 (Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_.

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
 (Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or  
 subject of the foreign state of \_\_\_\_\_.

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of \_\_\_\_\_

the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing  
 information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
 pages if needed.

Michael

First Name

D

Middle Initial

Andrews

Last Name

38-50

179th St

Apt

4C

Street Address

Jamaica

County, City

Ny

State

11432

Zip Code

646-483-4225

Telephone Number

Mike33390034@gmail.com

Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

<u>Kevin</u>	<u>RICO</u>	<u># badge number 2673</u>
First Name	Last Name	
<u>EMS fire Department NYC</u>		
Current Job Title (or other identifying information)		

Current Work Address (or other address where defendant may be served)

<u>Jamaica</u>	<u>NY</u>	<u>11432</u>
County, City	State	Zip Code

Defendant 2:

<u>Evans</u>	<u># 2039 Badge #</u>
First Name	Last Name
<u>New York City Police Officer</u>	
Current Job Title (or other identifying information)	

Current Work Address (or other address where defendant may be served)

County, City	State	Zip Code
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Defendant 3:

<u>NYC Health + Hospitals Queens</u>	
First Name	Last Name

Current Job Title (or other identifying information)

<u>82-68 161st, Queens</u>
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Current Work Address (or other address where defendant may be served)

<u>Jamaica</u>	<u>NY</u>	<u>11432</u>
County, City	State	Zip Code

Defendant 4:

NYC Health + Hospitals Bellevue

First Name	Last Name	
<u>all doctors and in take</u>		
Current Job Title (or other identifying information)		
<u>462 1st Av</u>		
Current Work Address (or other address where defendant may be served)		
<u>NYC</u>	<u>NY</u>	<u>100-16</u>
County, City	State	Zip Code

**III. STATEMENT OF CLAIM**Place(s) of occurrence: 88-50 179<sup>th</sup> St Jamaica NY 11432Date(s) of occurrence: 6/19/23**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See Page attached  
Read Page first

Just to add Bellevue for having  
Stuff on my medical records and not  
Seeing me 3 times before trying to  
diagnosed me. and overlooking the fact that  
I had all four of my wisdom teeth impacted  
and telling me I was hallucinating about  
the pain.

Michael Andrews

ON June 19 2023 at 11:30 Am  
I Called 911 to make a Report to 911  
Because my neighbors Putting stuff by my  
Door for like the 10 time.

EMS Showed up first. I declined their service.  
Because I just wanted a Police report.  
So EMS Kevin RICO # 2673 decided to  
Be Spiteful and take me to the Hospital.  
Because I told him I didn't want his services  
then I asked for NYPD Supervisor Evans #  
2039, and he was Being Spiteful as well  
Because I wanted IDB.

I was illegally detain  
Kidnapped for 21 hours taking off and handcuffed and  
I did not ASKED for the hospital and  
worry this is the USA they can't just do it  
I Suing for Emotional distress,  
Being Kidnapped I'm clearly on Video  
Speaking Cool Calm a Collective  
IDB Report # 2023-19220

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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Being illegally detained, looking into my medical records with out me signing a HIPAA Release Bellevue for having a missed diagnosis on my record.

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

3. Million dollars

all individuals involved to be Retrained to not violate no ones CIVIL RIGHTS Because these people are Petty and SPITEFUL.

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8/7/23

Dated

Michael

First Name

O

Middle Initial

8850 179th St

Street Address

Jamaica,

County, City

NY

State

11432

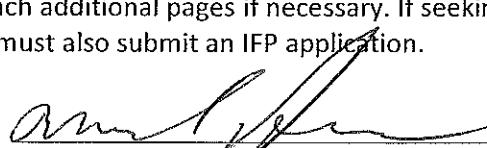
Zip Code

646-483-4225

Telephone Number

Mike3339003a@gmail.com

Email Address (if available)



Plaintiff's Signature

Andrew S

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes    No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.